PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |  |   |   |   |              |  |     | Application or Docket Number<br>10/656,478 |                        |    | ing Date<br>05/2003   | To be Mailed           |
|--|--|---|---|---|--------------|--|-----|--|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED – PART I  (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY OR OR SMALL ENTITY   |  |   |   |   |              |  |     |  |                        |    |                       |                        |
| FOR  |  |   | NUMBER FILED  |   | NUMBER EXTRA |  | П   | RATE (\$)                                  | FEE (\$)               |    | RATE (\$)             | FEE (\$)               |
|  | BASIC FEE<br>(37 CFR 1.16(a), (b),   | or (c))                                   | N/A   |   | N/A          |  | ı   | N/A  |                        | 1  | N/A                   |                        |
|  | SEARCH FEE<br>(37 CFR 1.16(k), (i), o  | or (m))                                   | N/A   | N/A   |              | N/A  |     | N/A  |                        |    | N/A                   |                        |
|  | EXAMINATION FE<br>(37 CFR 1.16(o), (p),  |   | N/A   | N/A   |              | N/A  |     | N/A  |                        |    | N/A                   |                        |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))   |  |   | minus 20 =  |   | •            |  | П   | x \$ =                                     |                        | OR | x \$ =                |                        |
|  | EPENDENT CLAIM<br>CFR 1.16(h))   | s   | minus 3 = *   |   |              |  | 1   | x \$ =                                     |                        | 1  | x \$ =                |                        |
|  | APPLICATION SIZE<br>(37 CFR 1.16(s))   | FEE she is \$ add 35                      | If the specification and drawing<br>sheets of paper, the application<br>is \$250 (\$125 for small entity)<br>additional 50 sheets or fraction<br>35 U.S.C. 41(a)(1)(G) and 37 ( |   |              | n size fee due<br>for each<br>thereof. See |     |  |                        |    |                       |                        |
| Ш  | MULTIPLE DEPEN   | DENT CLAIM P                              | 7 CFR 1.16()  |   |              |  | 1   |  |                        |    |                       |                        |
| * If   | * If the difference in column 1 is less than zero, enter "0" in column 2.  |   |   |   |              |  |     |  |                        | ]  | TOTAL                 |                        |
| APPLICATION AS AMENDED – PART II         OTHER THA           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY |  |   |   |   |              |  |     |  |                        |    |                       |                        |
| AMENDMENT  | 02/23/2009   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA                           |     | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|  | Total (37 CFR<br>1.16(i))  | * 66                                      | Minus   | <b>~</b> 63                                 |              | = 3  |     | x \$ =                                     |                        | OR | X \$52=               | 156                    |
|  | Independent<br>(37 CFR 1.16(h))  | · 7                                       | Minus   | ···7  |              | = 0  | 1   | x \$ =                                     |                        | OR | X \$220=              | 0                      |
| ¥  | Application Size Fee (37 CFR 1.16(s))  |   |   |   |              |  |     |  |                        |    |                       |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))  |   |   |   |              |  |     |  |                        | OR |                       |                        |
|  |  |   |   |   |              |  |     | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE | 156                    |
| (Column 1) (Column 2) (Column 3)   |  |   |   |   |              |  |     |  |                        |    |                       |                        |
| AMENDMENT  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F          | ER<br>USLY   | PRESENT<br>EXTRA                           |     | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)             | ADDITIONAL<br>FEE (\$) |
|  | Total (37 CFR<br>1.1601)   |   | Minus   |   |              | =  | l   | x \$ =                                     |                        | OR | x \$ =                |                        |
|  | Independent<br>(37 CFR 1.16(h))  |   | Minus   | ***   |              | =  | l   | x \$ =                                     |                        | OR | x s =                 |                        |
|  | Application Size Fee (37 CFR 1.16(s))  |   |   |   |              |  | ı   |  |                        | 1  |                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |              |  | 1   |  |                        | OR |                       |                        |
| Γ  |  |   |   |   |              |  | • ' | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE |                        |
| ** 11  | If the entry in column 1 is less than the ontry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For Number Previously Paid F |   |   |   |              |  |     |  |                        |    |                       |                        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, process) an application. Confidentially is governed by 30.53.C. 122 and 37.24.F. I mis collection to the sendated to lake 12 interest to complete a policy against any preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual sea. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.